

## ISSUE SLIP STAFF AREA (for additional cross references)

| POSITION*                 | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEES DETERMINATION        | 11-1     |        |          |
| O.I.P.E. CLASSIFIER       | R30      |        | 11/1/21  |
| FORMALITY REVIEW          | TD       | SC1125 | 11/16/21 |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original |         |
| 1        | 4/1/21  |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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